

NORFOLK EDUCATION COMMITTEE

Annual Report

of the

PRINCIPAL
SCHOOL MEDICAL OFFICER
FOR 1960

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PREFACE

With the completion of the large number of outstanding poliomyelitis vaccinations, the medical staff has, during the year, been able to devote more time to the other preventive aspects of the school health service. The total number of inspections, although nearly 4,000 less than the previous year, has reached a figure which is likely to become the standard now that the eight year old group of some 5,000 children is no longer included in the programme of periodic medical inspections. As was to be expected, the number of special inspections has increased in view of arrangements now in force whereby eight year old children, whose vision is tested by health visitors/school nurses and found defective, are referred to school medical officers for special examination at the next medical inspection. The efforts of the medical staff were concentrated on the reduction of the arrears of medical inspections, and as a result the number of schools which did not have an inspection during the year dropped from 55 in 1959 to 27.

Although there was a slight fall in the number of children whose condition at medical inspection was considered satisfactory, the proportion who failed to reach this standard was less than 8 per 1,000—a figure comparing favourably with that for the country as a whole.

Attendances at minor ailments clinics continued to fall and it was finally decided in June to close all clinics where sessions had been held for the treatment of minor ailments, with the exception of that at King's Lynn which serves a comparatively large concentrated population of school children.

As the general health and fitness of the Norfolk school child has improved it has been possible to concentrate on the more specialised defects, particularly with regard to deafness. For this purpose the Committee appointed its first peripatetic teacher of the deaf and in view of the importance of the early ascertainment of deafness, an initial course for health visitors/school nurses was held in Norwich during the autumn of 1959 and winter of 1960 at which 23 of the nursing staff were trained and given certificates of proficiency in the testing of young deaf children by one of the lecturers in clinical audiology from Manchester University.

The problem of adequate special educational facilities for the educationally subnormal child still remained difficult of solution, there being over 200 on the waiting list for special schools.

It is unfortunate, owing to the national shortage of speech therapists, that a comprehensive service is not available to a number of children suffering from speech defects although it is hoped to remedy this shortly.

It is satisfactory to report that by the end of the year 94.6% of school children between 5 and 15 years of age had received three injections against poliomyelitis.

The shortage of school dental officers has long been a national problem. In Norfolk, however, we were fortunate in obtaining the additional services of one whole-time and one part-time officer, which increased the equivalent number of whole-time dental officers from 8.12 to 10.1 which, as the principal school dental officer mentions in his report, is the highest on record. This figure is still over two less than the approved establishment of 13, which itself is an under-estimate if calculated on the Ministry of Education's recommendation of a maximum of 3,000 children per dentist. There is no doubt that large numbers of children are receiving their entire dental care from private

dentists and the situation cannot be regarded as satisfactory until the number of dentists who are available and willing to enter the school dental service is greatly increased.

The provisions contained in the Mental Health Act, 1959, relating to the mentally handicapped child came into force on the 1st November, 1960. These have simplified some of the former provisions of Section 57 of the Education Act, 1944 and have conferred on parents the right of requesting an annual review.

There is again increasing co-operation between the general practitioner and the school health service in all aspects of the work.

I would like to take this opportunity of putting on record my appreciation of the help and co-operation I have received during the year from the Chief Education Officer and his staff, heads of the Norfolk schools, and the professional and clerical staff of this department.

K. F. ALFORD.

Public Health Department,
29, Thorpe Road,
Norwich.

May, 1961.

STAFF OF THE SCHOOL HEALTH SERVICE DURING 1960

Principal School Medical Officer :

K. F. ALFORD, M.B., Ch.B., D.P.H.

Deputy Principal School Medical Officer :

A. G. SCOTT, M.B., Ch.B., D.P.H.

Senior Medical Officer :

A. E. LORENZEN, M.R.C.S., L.R.C.P., D.P.H.

Senior Assistant Medical Officer:

A. N. HUNTER, M.B., Ch.B., D.P.H.

School Medical Officers :

(also Assistant County Medical Officers and District Medical Officers of Health)

W. H. CRICHTON, C.I.E., M.B., Ch.B., D.P.H.

IRENE B. M. GREEN, M.D., B.S., D.P.H.

A. B. GUILD, M.B., Ch.B., D.P.H., D.I.H., D.T.M. & H.

J. HAMILTON, M.B., Ch.B., D.P.H., D.T.M. & H.

W. E. HOLMES, M.A., M.B., B.Ch., B.A.O., D.P.H., D.T.M. & H.

P. G. HOLT, M.B., Ch.B., D.P.H.

G. R. HOLTBY, M.D., B.S., D.P.H., D.I.H.

N. T. W. POVER, L.M.S.S.A., L.R.F.P.S., L.R.C.S., D.P.H.

J. A. SLATTERY, M.R.C.S., L.R.C.P., D.P.H.

SCHOOL MEDICAL OFFICERS:

(also Assistant Medical Officers)

Full-time.

A. D. MACDONALD, M.D., Ch.B. (from 20th June).

Part-time.

SYBIL E. CATOR, M.B., Ch.B.

MORLEY CHADWICK, B.A., M.R.C.S., L.R.C.P.

ELIZABETH M. ELLIOTT, M.B., B.Ch., B.A.O.

P. M. FEA, M.B., Ch.B.

A. S. GARRETT, M.B.E., M.B., B.S. (from 19th April).

MOLLY GOVIER, M.B., Ch.B., D.C.H.

JOAN E. HANCOCK, M.B., Ch.B. (to 24th March).

NORA M. JOHNS, M.B., B.S. (to 5th July).

ROSEMARIE D. LINCOLN, M.B., B.S.

R. N. C. MCCURDY, M.B., Ch.B., D.P.H.

C. MARGARET MCLEOD, M.B., Ch.B.

Principal School Dental Officer :

P. MILLICAN, F.S.A., L.D.S., R.C.S. (Eng.)

Dental Officers:

*M. G. ANSON, L.D.S., R.C.S. (Eng.)

*EDITH P. CHURCHYARD, L.D.S., R.C.S. (Eng.)

HILDA M. CROXFORD, L.D.S., R.C.S. (Eng.)

J. H. DE MIERRE, L.D.S., R.C.S. (Eng.) (from 19th September).

*J. H. H. GRIFFIN, L.D.S., R.C.S. (Eng.)

J. W. McQUISTON, L.D.S. (Q.U. Belf.)

LILY T. MILNES, L.D.S., R.F.P.S. (Glas.)

*W. NICHOLLS, L.D.S., R.C.S. (Eng.)

E. C. PACKHAM, L.D.S., R.C.S. (Eng.)

*W. M. ROUSE, B.D.S., (Durham) (from 3rd October).

S. H. WOONTON, L.D.S., R.C.S. (Eng.)

* Part-time.

Superintendent Nursing Officer :

MISS A. DAY, S.R.N., S.R.C.N., S.C.M., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer :

MISS D. E. UNSWORTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers :

MISS G. CATO, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

(to 31st October).

MISS G. A. THOMPSON, S.R.N., S.R.F.N., S.C.M., H.V.Cert., Q.N.

MISS M. WEARMOUTH, S.R.N., S.C.M., H.V.Cert., Q.N.

Other Nursing Staff Engaged on School Health Service Duties.

Health Visitors and School Nurses

School nursing duties only, 2: combined duties, 21.

District Nurses and Midwives

Combined duties with health visiting and school nursing, 22.

Speech Therapists:

MISS Z. HARROD, L.C.S.T.

MISS J. RUTT, L.C.S.T.

MISS M. E. G. STEVENSON, L.C.S.T.

21 Driver Attendants (Dental)

ANNUAL REPORT

OF THE PRINCIPAL SCHOOL MEDICAL OFFICER FOR 1960

I. GENERAL STATISTICS.

Area of administrative county	...	...	...	1,302,501 acres
Population 1951 census	...	...	...	375,721
Registrar-General's mid-year estimate of population, 1960	...	...	...	392,620
Number of schools and number of pupils on the registers as at the 31st December, 1960:—				

			Number of schools.	No. of pupils on registers.
Primary	...	...	419	33,735
Secondary modern	...	...	38	16,102
Secondary grammar	...	...	13	4,321
Wymondham College	...	...	1	769
Nursery Schools	...	...	3	116
Special schools	...	...	3	146
			<u>477</u>	<u>55,189</u>

Average percentage attendance of pupils at
primary and secondary modern schools
for the year ended 31st December, 1960:

Primary	...	...	90.7
Secondary modern	...	...	91.0

The number of pupils attending maintained schools has continued to increase steadily during the post-war years.

II. STAFF.

The number of officers and estimated time devoted to the school health service as at the 31st December, is shown in the undermentioned table. Figures for the previous year are given for comparison.

	31st December, 1960		31st December, 1959	
	No. employed	Estimated equivalent in terms of whole- time officers.	No. employed	Estimated equivalent in terms of whole- time officers.
Medical staff	22	7.98	23	8.70
Dental officers	12	10.10	10	8.12
Speech therapists	3	3.00	3	3.00
School nurses	51	10.38	30	12.50
Driver attendants	21	17.53	18	14.42
Clerk attendants	9	5.40	9	5.64
Totals	118	54.39	93	52.38

There was a further increase in the estimated equivalent number of whole-time officers who were engaged wholly or partly in the school health service. It is particularly gratifying to report that there was an increase in the number of dental officers, giving a figure which is the best for many years.

The work formerly carried out by the three whole-time school nurses who resigned at the end of the previous year, was distributed over a number of health visitors and district nurses. As will be seen from the table, this had the effect of considerably increasing the number of nursing staff engaged on school health service work.

Details of the professional staff are given on pages 5-6 and major changes occurring during the year are given below:—

(a) Assistant Medical Officers.

Dr. Nora Johns, who had been working in the King's Lynn area for six years, retired and was replaced by Dr. A. D. Macdonald who took up his duties on the 20th June.

(b) Dental Officers.

A whole-time dental officer, Mr. J. H. de Mierre, took up duty in the Thetford area on the 19th September, and, in addition, a part-time officer, Mr. W. M. Rouse, commenced duty on the 3rd October in the Wymondham area.

(c) Health Visitors/School Nurses.

The school nursing service lost, by retirement, three of its members—Miss A. E. Holden, Mrs. A. M. Knott and Mrs. O. N Wainwright—who had given many years untiring service to Norfolk schools

III. MEDICAL INSPECTION

(a) Periodic.

There has been no change in the arrangements for the inspection of school children since the elimination two years ago of the 8 year old group. Periodic medical inspection is now carried out as a routine on entry to school (normally five years of age), between 10 and 11 years of age, and prior to leaving school. As mentioned in the previous Report, nurses visit prior to the date of the medical inspection and arrange to test the vision of 8 year old children, referring any about whom they are concerned to the school medical officer who then arranges to carry out a special examination at the forthcoming inspection.

Three factors have combined in enabling the number of schools at which periodic medical inspection was overdue to be reduced from 55 to 27, viz.: (a) the reduction in the number of age groups to three (b) a smaller proportion of school medical officers' time being required for poliomyelitis vaccination and (c) the employment of additional part-time assistant medical officers. There was, however, a decrease of 3,884 in the total number of pupils examined at periodic inspection during 1960.

(b) Special Inspections and Re-examinations

Special inspections are carried out in respect of handicapped pupils in attendance at ordinary schools and children referred on account of suspected defects by head teachers, school nurses, parents, etc. During the year, 1,334

special examinations were carried out, an increase of 326 over the corresponding figure for the previous year.

In addition, 9,699 re-examinations were carried out where children were found to have a defect at a previous medical inspection, an increase of 2,465 as compared with last year's figure.

FINDINGS OF MEDICAL INSPECTION.

Diseases and Defects (excluding dental and nutritional defects and uncleanliness).

During the year, 1,896 children or 11.87% of those inspected, were found at periodic medical inspection to have defects requiring treatment. The percentage figures for previous years are given for comparison below:—

1956	...	...	...	15.35%
1957	...	...	...	14.72%
1958	...	...	...	11.62%
1959	...	...	...	12.97%
1960	...	...	...	11.87%

The latest available comparable figure for England and Wales is 15.76 in 1959.

As in previous years, defective vision, orthopædic defects, defects of the nose and throat, and skin diseases, formed the majority of defects noted and referred for treatment or observation.

General Condition.

An analysis of the general condition of pupils inspected during the years 1956 to 1960, inclusive, is given in the following table:—

Year.	No. of pupils inspected	Satisfactory		Unsatisfactory	
		No.	%	No.	%
1956	20,532	20,307	98.91	225	1.09
1957	16,219	16,095	99.23	124	0.77
1958	10,776	10,704	99.34	72	0.66
1959	19,852	19,749	99.48	103	0.52
1960	15,968	15,842	99.21	126	0.79

There is little real poverty or malnutrition in this country today. As far as Norfolk is concerned, the percentage of those children examined at periodic medical inspections in 1960 and found to have a satisfactory general condition, although slightly lower than for the previous year, was about 1% higher than the national figure for 1959.

There was a slight increase in the total amount of extra nourishment distributed to those pupils considered on medical grounds to need this supplementary diet. During the year, 850 containers of 50 halibut liver oil capsules and 2,175 8 oz. containers of maltoline with iron were issued.

Provision of Milk and Meals

The following table has been compiled from information kindly provided by the Chief Education Officer:—

No. of pupils in attendance on 21/9/60			Meals			Milk	
			Free	Paid	% of those attending.	1/3rd pint free	% of those attending.
Primary ...	30,861		1,688	18,682	66.00	27,604	89.12
Secondary modern and secondary grammar ...	18,745		1,165	13,107	76.14	9,719	49.58
Nursery ...	88		6	82	100.00	88	100.00
Totals	1960 49,694 (1959) (50,893)		2,859 (2,647)	31,871 (30,863)	69.85 (65.84)	37,411 (38,735)	75.28 (76.11)

CLEANLINESS.

The year 1960 was the first full year when routine terminal examinations by school nurses of pupils attending primary and secondary modern schools was not carried out. In the majority of schools where regular terminal examinations are unnecessary, the onus for drawing the attention of the medical officer or school nurse to cases of infestation in between visits by the medical or nursing staff for medical inspection is placed on the head teacher. It is hoped that the comparatively small number of schools where, because of repeated infestation, regular visits by the school nurse are necessary, will gradually be reduced.

It will be noted from the following table that 215 individual children, or 0.38% of the total school population, were found infested:—

Year	Total No. of examinations made by health visitors/ school nurses.	Number of individual children found infested.
1956	186,007	336
1957	161,318	233
1958	134,221	178
1959	32,676	179
1960	44,840	215

OTHER DUTIES OF SCHOOL NURSES.

In addition to attending medical inspections, where required, to assist the school medical officers, school nurses continued to follow up some children who were found to have a defect requiring treatment. This practice is exceedingly useful when the parent does not attend the inspection.

A large amount of time was also employed in assisting the medical staff with the vaccination and immunisation of school children.

The retirement of three school nurses at the end of the previous year, already referred to, has reduced the number of nursing staff wholly, or almost wholly, engaged in school health service duties to two. By the allocation of the duties of school nurses amongst members of the health visiting and health visiting district nursing staff, the service is benefiting by becoming part of a localised and integrated general nursing service.

HEALTH EDUCATION.

During the year, head teachers have approached school nurses regarding talks to school leavers and, in other instances, for the giving of mothercraft and hygiene instruction. Such action is welcomed and the necessary arrangements have been made.

SCHOOL LEAVERS—MEDICAL REPORTS.

There has been no change in the arrangements whereby children due to leave school are specially medically examined with a view to issuing a report on their suitability for certain types of employment. Where, in the opinion of the school medical officer, the handicap was such that a particular form of employment was contra-indicated, the youth employment officer was informed. These reports were found to be most helpful in placing pupils in suitable employment.

TRANSPORT OF CHILDREN TO AND FROM SCHOOL.

Where children who are ineligible for conveyance to and from school at the expense of the Education Committee are alleged to be medically unfit to walk or cycle, the school medical officer carries out a special examination to consider whether, on medical grounds, transport is essential.

During the year, 121 individual children were, for medical reasons, recommended to be conveyed to and from school.

IV. TREATMENT OF DEFECTS.

CO-OPERATION WITH HOSPITALS AND GENERAL PRACTITIONERS.

The arrangements by which general practitioners are asked for their prior consent before the treatment of defects found at medical inspection is undertaken, were continued. Family doctors are taking increased advantage of child guidance, speech therapy, and other specialised services provided by the local education authority.

We are again grateful to those hospital specialists who arrange for copies of their medical reports to be forwarded so that the very useful information they contain can be passed to the medical staff.

MINOR AILMENTS CLINICS.

Following the gradual decrease in attendances since the introduction of the National Health Service Act, the question of continuing minor ailments clinics has been kept under continuous review. It was decided that as from June, 11 of the remaining 12 clinics should be closed, it being considered necessary to keep open the King's Lynn clinic which is held for three sessions each week.

The number of cases treated at clinics during the year is shown in the following table:—

Minor ailment, disease or defect of the					Individual cases dealt with at clinics.
SKIN.					
Ringworm—scalp	...	...	...	...	—
Ringworm—body	...	...	...	...	—
Scabies	...	...	...	...	—
Impetigo	...	...	...	...	3
Other skin diseases	...	...	...	...	9
EYES	...	...	...	...	9
(External and other, but excluding errors of refraction and squint)					
EARS	...	...	...	...	1
MISCELLANEOUS	...	...	...	...	260
(e.g. minor injuries, bruises, sores, chilblains, etc.)					
TOTALS					282
1960					(1395)
(1959)					

DEFECTIVE VISION.

Ophthalmic surgeons continued to attend special eye clinics for children held at Norwich, Cromer, King’s Lynn and Thetford Hospitals for the purpose of carrying out refraction and, where necessary, prescribing spectacles. 11.3% of those pupils examined at periodic medical inspection were found to have a visual defect (other than squint) needing treatment or observation.

Since the discontinuation of the periodic medical inspection of the 8 year old age group, health visitors/school nurses visit those schools where children of this age are in attendance and carry out vision tests, referring any about whom they are concerned to the school medical officer for full examination at a subsequent inspection.

During the year, a variation in the use of mydriatics was introduced at two hospital eye clinics where previously atropine ointment (1%) was applied to the eyes of younger children on three successive days immediately prior to the date of the proposed refraction. By the use of one of the cycloplegic drugs (Cyclogyl) at the time of examination for refraction cases, not only is time saved prior to the examination, but the children are not inconvenienced by the effects for three days before and after the examination when they either had to be escorted to school or be excluded. It is hoped early in 1961 that the use of cycloplegic drugs will be uniform for all eye clinics.

Squint.

At periodic inspections, 106 pupils (0.66% of those examined) were found with squints requiring treatment. It is most important that every child having a squint should be examined by an ophthalmologist as soon as possible and the East Anglian Branch of the Society of Medical Officers of Health has during the year instituted a special survey of all children of 5 years of age examined at primary schools throughout the county within a period of 12 months.

Orthoptic clinics were held at four Norfolk hospitals when a total of 599 children attended for treatment. Of these, 79 were discharged during the year as improved or cured.

The following table shows the work done at each of the hospital clinics during the year.

	Cromer and District Hospital	Norfolk and Norwich Hospital.	West Norfolk and King's Lynn General Hospital.	Thetford Cottage Hospital	Total.
Number of children treated by orthoptist ...	24	457	73	45	599
Total number of attendances ...	126	912	265	116	1,419
Number dis- charged as improved or cured ...	10	62	6	1	79

DEFECTS OF EAR, NOSE AND THROAT.

The statistical information relating to diseases of the ear, nose and throat is included in Part II, Table A, where it will be seen that 198 children were referred for treatment and 1,478 placed under observation for these conditions.

After obtaining the general practitioners' prior approval, 92 cases were referred to consultants at hospital out-patient clinics with a view to hospital treatment.

SKIN DISEASES.

The number of children referred for treatment for diseases of the skin was 126. In addition, 347 were placed under observation.

TUBERCULOSIS.

No change was made in the arrangements whereby children are referred, when considered necessary by school medical officers, to the chest physicians.

ORTHOPAEDIC TREATMENT.

Children needing orthopaedic treatment continued to be referred, with the consent of the family doctors, to the orthopaedic surgeons at Norfolk hospitals.

V. DENTAL TREATMENT.

The principal school dental officer reports :—

The professional staff at present comprises seven whole-time and five part-time dental officers. This means that in terms of whole-time employment the authority is now being served by an average of ten whole-time officers as compared with eight in 1959 and seven in 1958. In spite of this improvement, this is the equivalent of only 55% of the whole-time personnel required for an efficient and comprehensive scheme in this county.

Referring to my last report, I regret that the situation in the Upwell area (1,000 school population) remains unchanged. These eight schools have not been inspected for many years. The same unfortunate situation involving approximately 900 children prevails in the Freebridge Lynn area.

With the appointment of a whole-time dental officer to King's Lynn in December, 1959, inspections and treatment at the King's Lynn, Downham Market and Terrington centres are being carried out, but not in the surrounding

areas. This widespread district requires at least one if not two additional dental officers to cope with its obvious requirements.

The Wymondham centre was re-opened on the appointment of a part-time officer; but in view of the fact that he may shortly leave the service for private practice, the development of the Wymondham area is not at present considered economically sound, and therefore the service has not been extended to schools in the district involving the use of a transport vehicle.

Also in the autumn a whole-time officer was appointed with surgeries at Thetford and Methwold. His area covers much of the southern portion of the Swaffham, Downham and Wayland Rural Districts to say nothing of the Borough of Thetford.

The Acle clinic was opened for treatment early in the year, thus providing a service for a large part of the Blofield and Flegg area.

As a result of the increase in staff, nearly 8,000 more children have been inspected than in the previous year; but the percentage of cases requiring treatment has risen within the period 1958 to 1960 from 64% to 66%. Of the numbers found to require treatment, approximately one third were completely treated by the school dental service in 1960. Of the remaining two thirds, many were adequately treated by the National Health Service and the remainder (it is hoped a minority) suffered from either deliberate neglect on the part of the parents or from the insufficiency of the dental profession in general and the local government dental service in particular.

Evening Sessions.

The statistics shown on page 16 include the returns for overtime carried out by some of the dental officers at their request and with the consent of the Committee.

This work is paid for on an hourly basis and does not qualify for superannuation. It therefore differs materially from salaried employment which is based on a 33-hour week. The returns for overtime evening sessions for 1960 involved:—

- (1) 639 hours.
- (2) 510 fillings in permanent teeth and 86 in temporary teeth.
- (3) 34 extractions of permanent teeth and 145 of temporary teeth.
- (4) 387 visits for orthodontic (regulation) purposes.
- (5) 704 other operations mainly comprising dressings and scalings.
- (6) Total cost including pay, travelling and incidental expenses, £1,150.

Inspections.

Dental officers are required to carry out a *meticulous* examination before recording a perfect mouth. Dental imperfections are also recorded and these records are subject to revision during the period of treatment. All obvious dental imperfections are reported to the parents who are then given the choice of either accepting the treatment offered by the Council's service or of visiting their family dentist.

School Tuck Shops.

This matter has apparently received the attention of many local education authorities and is discussed in the report of the Chief Medical Officer of the Ministry of Education 1958/59 in which the comments of some principal

school dental officers are quoted. *The British Dental Journal* (7th February, 1961) reviewing this report says: "It is obvious that the sale on school premises of cariogenic [tooth-decay-producing] foods to be consumed between meals is properly condemned, but in some schools there are considerable difficulties in eliminating all sales of food and it is plain that there needs to be some education of local education authorities in this matter." In simple language, the school dentist may be embarrassed when he learns that the doctrine on diet which he preaches in the school dental surgery may be negated in the school tuck shop.

Regarding dental cleanliness, much publicity has been given to the desirability of supplying raw apples to children as a dessert to their mid-day meal; but the apple must be *sweet* or the modern child will prefer (and obtain) other more interesting and tasty morsels.

Fluoridation of Drinking Water.

Some years ago, the child inhabitants of certain districts were found to be comparatively free from dental decay and an analysis of the local drinking water showed the presence of a markedly higher percentage of fluorine to which, after further research, this comparative freedom from dental caries could reasonably be attributed.

Steps were then taken to inform the local authorities throughout the country on this matter and propaganda encouraging the artificial addition of fluorine salts to the drinking water was published.

The public reaction to this proposal at the time was by no means unanimous, chiefly on the grounds that the introduction of chemicals into drinking water by a local authority for medicinal purposes might be regarded as undemocratic or even risky; and it was argued that each case should be treated on its merits with the approval of the patient.

In any case, the proposal was rejected by the Norwich Corporation in 1954—thus preventing certain Norfolk districts which depend on Norwich for their water supply from participating in the practical side of the enquiry.

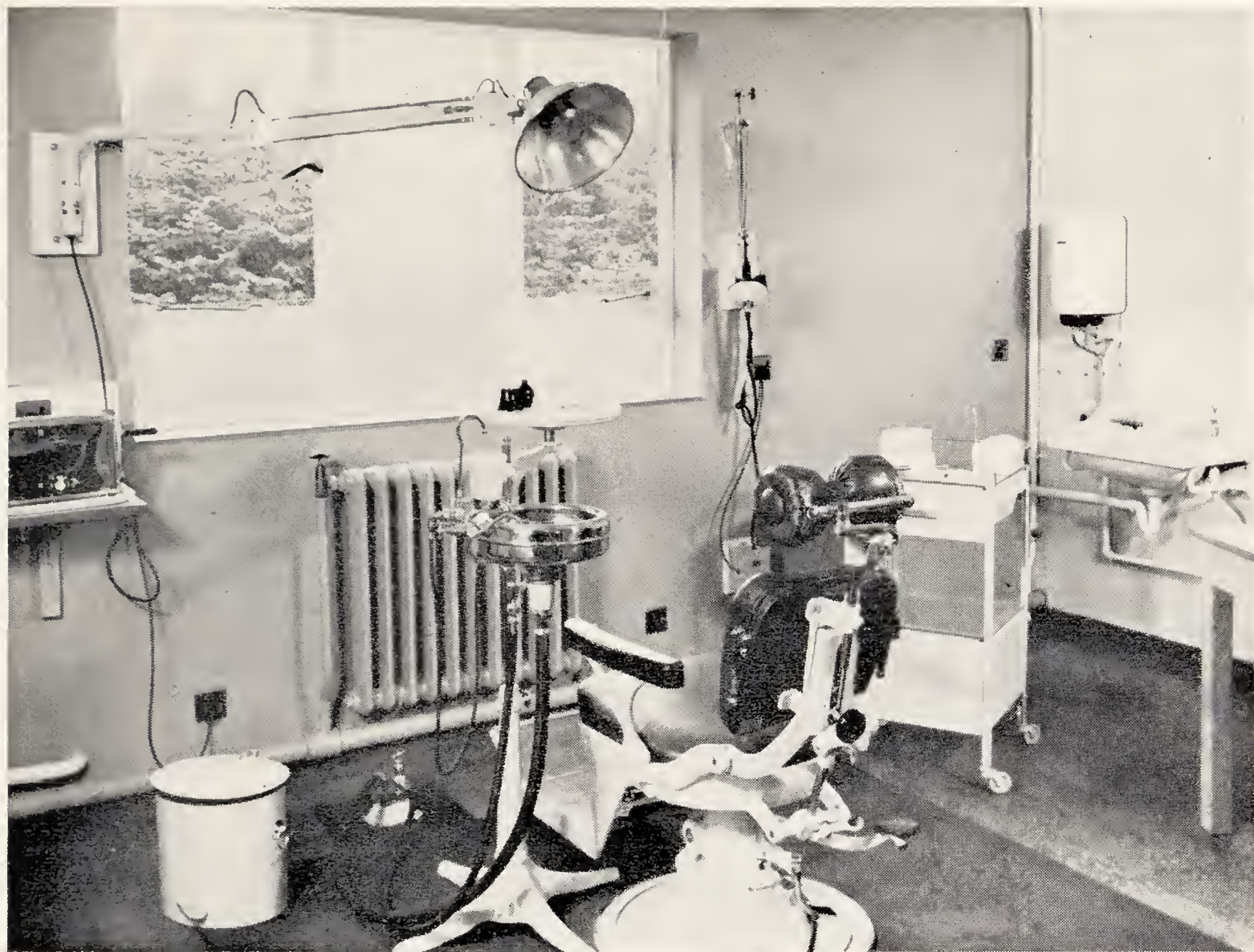
Ancillary Dental Workers.

These young women, having received an elementary training (as distinct from full qualification) in dentistry under the experimental scheme set forth in the Dentists Act, 1957, paras. 41-45, would be required to operate under the personal supervision of a dental surgeon. Their useful and economic employment in a widespread county such as Norfolk must therefore be limited and their appearance in county districts may not materialise for many years, if at all—unless, of course, the present desperate scarcity of dentists will force the profession to conditions reminiscent of those prevailing before the Dentists Act, 1921.

I take this opportunity of acknowledging with gratitude the co-operation of my professional colleagues in the National Health Service, without which the school dental service would indeed be in a parlous condition.

A statistical comparison of the work carried out during 1960 and the two preceding years will be found in the table which follows:—

	Year 1960	Year 1959	Year 1958
1. Number of pupils inspected by the authority's dental officers :—			
(a) At periodic inspections ...	22,940	15,356	10,359
(b) As specials ...	3,258	3,021	3,506
Totals ...	26,198	18,377	13,865
2. Number found to require treatment ...	17,288	12,020	8,871
3. Number offered treatment ...	17,288	12,020	8,871
4. Number actually treated (completely) ...	6,855	6,002	5,458
5. Number of attendances made by pupils for treatment, including those recorded at 11(h) ...	22,897	20,668	16,737
6. Half-days devoted to :—			
(a) Periodic (school) inspection	351	227	166
(b) Treatment ...	3,917	3,407	2,930
Totals ...	4,268	3,634	3,096
7. Fillings :—			
(a) Permanent teeth ...	11,447	8,385	6,726
(b) Temporary teeth ...	2,740	1,331	712
Totals ...	14,187	9,716	7,438
8. Number of teeth filled :—			
(a) Permanent teeth ...	9,856	7,576	6,098
(b) Temporary teeth ...	2,417	1,241	654
Totals ...	12,273	8,817	6,752
9. Extractions :—			
(a) Permanent teeth ...	2,759	2,953	2,857
(b) Temporary teeth ...	8,135	7,093	7,655
Totals ...	10,894	10,046	10,512
10. Administration of general anaesthetics for extraction ...	1,112	1,108	1,379
11. Orthodontics :			
(a) Cases commenced during the year ...	236	184	140
(b) Cases brought forward from previous year ...	138	127	127
(c) Cases completed during the year ...	56	88	96
(d) Cases discontinued during the year ...	45	29	29
(e) Pupils treated by means of appliances ...	240	209	144
(f) Removable appliances fitted	230	201	157
(g) Fixed appliances fitted ...	—	—	—
(h) Total attendances ...	3,093	2,228	1,759
12. Number of pupils supplied with artificial teeth ...	183	184	188
13. Other operations :—			
(a) Permanent teeth ...	5,307	5,862	5,143
(b) Temporary teeth ...	4,634	3,802	3,647
Totals ...	9,941	9,664	8,790



Interior of one of the Dental Surgeries



One of the Dental Transport Vehicles

VI. HANDICAPPED PUPILS.

There are 10 categories of handicapped pupils in the Ministry of Education official list, viz.:—

Blind.
Partially sighted.
Deaf.
Partially Deaf.
Delicate.
Educationally subnormal.
Epileptic.
Maladjusted.
Physically handicapped.
Defective speech.

Those who are handicapped in any of these ways may require special education if they cannot be educated satisfactorily under normal conditions at school. Many children in several of these categories continue their education at ordinary schools where suitable arrangements are made for them appropriate to their handicap. Others, however, must be educated in special schools, either day or residential, if their abilities and aptitudes are to have full scope for development.

ASCERTAINMENT.

The number of formal ascertainments of children carried out during the year was slightly higher than in the preceding year. An analysis of the ascertainments in 11 categories (including multiple defects) is given in the table below:—

					1960	1959
Blind	...	...	...	...	—	3
Partially sighted		...	...	...	4	—
Deaf	...	...	...	...	2	—
Partially deaf		...	...	...	14	22
Delicate	...	...	...	...	17	19
Educationally subnormal			...	...	137	109
Epileptic	...	...	...	...	4	6
Maladjusted		...	...	...	9	9
Physically handicapped			...	...	17	18
Defective speech	...	...	...	...	4	6
Multiple defects	...	...	...	...	18	17
					<hr/> 226 <hr/>	<hr/> 209 <hr/>

SPECIAL EDUCATIONAL TREATMENT.

The following table shows that the total number of handicapped pupils on the register at the end of 1960 was slightly lower than the figure for 1959. This figure represents 2.5% of the school population.

Categories.	In res. day or hospital spcl. schools (incl. hostels).		In maintained schools.		In independent schools.		Not at school.		Totals.		1960 grand totals.	1959 grand totals.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
Blind ...	3	2	—	—	—	—	1	1	4	3	7	8
Partially sighted ...	7	2	13	2	—	—	—	—	20	4	24	23
Deaf ...	18	7	—	—	—	—	1	—	19	7	26	24
Partially deaf ...	4	4	28	19	2	—	1	—	35	23	58	54
Delicate ...	14	15	40	23	1	—	—	1	55	39	94	93
E.S.N. ...	52	22	344	152	—	—	4	1	400	175	575	550
Epileptic ...	4	—	16	7	—	—	—	2	20	9	29	31
Maladjusted	17	6	22	7	1	—	—	—	40	13	53	55
Physically handicapped	8	3	41	35	5	—	8	3	62	41	103	107
Speech defects	—	—	188	104	—	—	—	—	188	104	292	333
Multiple defects ...	32	15	57	35	1	1	4	1	94	52	146	149
Totals 1960	159	76	749	384	10	1	19	9	937	470	1407	—
1959	151	83	765	383	11	4	21	9	948	479	—	1427

In addition to the provision made by the Education Committee for educationally subnormal, delicate and maladjusted pupils by the running of its own special schools and hostels (see below), arrangements are made, where necessary, for children to be admitted to a number of day and residential special schools administered by other local education authorities and voluntary bodies.

At the end of the year, approximately 230 children who had been recommended for admission to special schools for educationally subnormal pupils were awaiting vacancies. In view of the fact that the Committee's special school accommodates only 86 educationally subnormal pupils, the importance of the provision of another boarding school for this type of handicap, or the establishment of a day special school or special classes must again be emphasised. Unfortunately, the alternative accommodation for these children in ordinary schools may not be the complete answer as, in addition to the impossibility in some cases of providing a special curriculum, the child may be withdrawn by the parents at 15 years of age and thus lose the additional year which he or she would have had in a special school.

Included in the schools administered by other local education authorities is the East Anglian School, Gorleston, for special residential education both of deaf and partially sighted pupils. At the end of the year, 22 deaf and 7 partially sighted children were resident.

SPECIAL SCHOOLS AND HOSTELS PROVIDED BY THE AUTHORITY

(a) Sidestrand Hall for Educationally Subnormal Pupils.

The number of children resident at the end of the year, including 3 out-county cases, was 80. 13 new pupils were admitted during the year. No change was made in the arrangements for children to be medically inspected periodically by members of the headquarter's medical staff or in the provision of dental treatment at one of the Committee's clinics. The pupils' progress at this special school is reviewed at frequent conferences between the senior medical officer, educational psychologist and headmaster.

(b) Eden Hall, Bacton, for Delicate Pupils.

At the end of the autumn term there were 47 children in the school, of whom 15 were from the areas of other authorities. This school, which provides special education for delicate children, was regularly inspected by members of the headquarters' medical staff.

(c) Colne Cottage Hostel, Cromer, and Morley Hall Hostel, near Wymondham, for Maladjusted Pupils.

The child guidance team continued to visit both hostels regularly for the purpose of discussing the progress made by the pupils.

At the end of the autumn term, 19 children, including 11 sent by other authorities were resident at Colne Cottage, Cromer, and 33, including 19 from other authorities, at Morley Hall Hostel.

HOSPITAL SCHOOLS

At the only hospital school in Norfolk, viz. Kelling Children's Hospital, Holt, education is provided by the Committee and, at the end of the year, 13 Norfolk children were resident.

Melton Lodge Orthopædic Hospital at Great Yarmouth, which had been opened in January, 1935, and was until 31st March, 1949. administered by the Council, closed at the end of the year.

HOME TUITION

Some handicapped children during their waiting period for admission to residential special schools are provided with education in their own homes and, at the end of the year, 15 children were receiving this form of tuition.

PERIPATETIC TEACHING OF THE DEAF AND PARTIALLY DEAF

The peripatetic teacher of the deaf, who took up duty at the beginning of the year, greatly added to the facilities available for those children who are handicapped by a defect of hearing which, although not so severe as to necessitate education in a special school for the deaf, is such that additional help in auditory training and lip-reading is required. The defect otherwise may be quite sufficient to interfere appreciably with their educational development. By the wearing of hearing aids, lip-reading instruction and auditory training, the majority of partially deaf pupils may be able to continue at ordinary schools without detriment to their progress. Early assessment is important and testing by the use of the pure tone audiometer is carried out by the peripatetic teacher and by the consultant at the Deafness Clinic at the Jenny Lind Hospital. In addition, 23 school nurse/health visitors completed

in January a short course on the assessment of hearing defects among young children and have been able to put their training into practice during the year, both at welfare centres and at the children's homes.

A summary of the work carried out by Mrs. E. M. Pitchers up to the end of the year, when unfortunately she resigned, is given below:—

- (i) Number of children seen by the peripatetic teacher of the deaf during 1960 ... 74
- (ii) Number of attendances made by children during 1960 ... 788

CEREBRAL PALSY.

The number of educable children suffering from cerebral palsy who were known to the school health service at the end of the year was 55, showing a reduction of 7 on the figure for the previous year. 33 (60%) were able to attend ordinary schools, 14 (25%) were being educated in residential special schools, and 5 (9%) were receiving home tuition. The remaining 3 children were either under school age or attending private schools.

CHILD GUIDANCE.

Examination of the statistics given in the following paragraphs shows that approximately the same number of children was seen as in the previous year. There was, however, an increase of 20 in the number of new cases which was, no doubt, due to over double the number of children suffering from incontinence of urine being seen at a special enuretic clinic held fortnightly as from September.

It is pleasing to report the continued use of the child guidance service by general practitioners and hospital specialists as well as the ever-increasing co-operation between members of the team and the school health service.

Miss C. McCall, psychiatric social worker, resigned during the year and the clinic team lost the services of Dr. Anne Gillie, assistant psychiatrist, on resignation.

Responsibility for ascertaining the needs of those children who require to be ascertained as maladjusted and recommended for admission to one of the two Norfolk residential hostels at Cromer and Wymondham, devolves on the child guidance clinic team, in addition to their work at the clinics.

Results following Diagnosis and Treatment

The table on page 21 shows the percentage of children who were discharged as cured or greatly improved, the figure for the year under review being 27% whilst 34% were still under treatment at the clinic or were in the course of being followed up by one of the educational psychologists or the social worker.

No. of clinics held	No. of new cases seen	No. of examinations carried out	Total individual patients seen
77 (81)	139 (119)	253 (276)	192 (190)

(Comparable figures for 1959 are shown in brackets)

The number of examinations carried out at each of the centres during the year is shown in the following table:—

	Norwich	King's Lynn	Cromer	Home visits	Elsewhere	Total
No. of sessions	44	25	8	—	—	77
No. of examinations	146	87	13	5	2	253

ANALYSIS OF NEW CASES REFERRED.

Sources of reference:—

	No.	%
General medical practitioners	54	(47)
Hospital specialists	11	
School medical staff, speech therapists, local welfare officers and health visitors	36	(26)
Chief Education Officer, educational psychologist, social workers and head teachers of schools ...	21	(15)
Probation officers	8	(6)
Children's officer	2	(1)
N.S.P.C.C.	3	(2)
Parents	4	(3)
	139	

Reasons for reference:—

General behaviour difficulties	37
Emotional difficulties	32
Educational difficulties (including refusal or reluctance to attend school) caused by psychological disturbances	37
Incontinence of urine or fæces	33
	139

Disposal of cases (including cases from previous years) :—

The figures in brackets indicate children who originally attended in previous years.

		%	
Discharged as adjusted or greatly improved	52	27	(21)
Recommended for admission to hostel or residential special school for maladjusted children	19	10	(2)
Recommended for admission to residential special school for educationally sub-normal children	1	5	(1)
Recommended for admission to residential special school for epileptic children ...	1		
Recommended for admission to residential special school for partially deaf children	1		(1)
Recommended for home tuition ...	1		
Referred to Children's Officer or recommended to be taken into care ...	3	7	
Recommended for Approved School ...	2		
Advice given—no recall to clinic necessary	34		(1)
Parents non-co-operative	4	7	(3)
Left County	4		
Deleted—left school	5		(3)
Still under treatment at end of the year ...	65	34	(21)
	192		(53)

SPEECH THERAPY

Further re-arrangement of the clinic programmes of the three speech therapists was necessary in order to include treatment for some of those children in areas which had been without a speech therapist for some time. Additional clinics were opened at Burnham Market, Sheringham, Sidestrand Hall Residential Special School and Wells. Compared with last year, 146 additional sessions were held, but the number of children treated was roughly the same. The table on page 22(a) gives the statistics.

One of the speech therapists continued to attend the Jenny Lind Hospital for one session a week in order to carry out treatment of hospital out-patients and to liaise with the ear, nose and throat specialist.

MENTAL HEALTH ACT, 1959

This Act which came fully into force by the end of the year, repealed the old Lunacy and Mental Treatment Acts and Mental Deficiency Acts and gave legal and administrative form to the more enlightened attitude which the public for some years had been asked to adopt towards the mentally disordered. So far as local education authorities are concerned, the most important part of the Act, viz. the Second Schedule, was substituted for Section 57 of the main Act and Section 8 of the Education (Miscellaneous Provisions) Act, 1948.

The Ministry of Education issued, in the autumn, Circular 12/60 setting forth the new provisions and certain modifications in administrative procedure formerly laid down in the old Section 57 of the Act of 1944. The following sets out the main effect of the revised Section 57 which came into operation as from the 1st November:—

- (a) The new statutory expression “unsuitable for education at school” replaces the former “incapable of receiving education.”
- (b) The former rather ambiguous provision in Section 57(4) whereby a child could be deemed ineducable on grounds of its being “inexpedient to educate him in association with other children either in his own interests or in theirs” has not been repeated in the new Section 57.
- (c) The former statutory provision in Section 57(5) whereby the local education authority might report any child before leaving school to the local health authority for “supervision after leaving school” does not re-appear. Local education authorities are, however, asked to report such cases informally whether or not they are still at school, so that any necessary care and supervision can be arranged under the National Health Service Act.
- (d) The rights of the parents are strengthened by what amounts to provision for annual reviews on the written request of the parents as well as at the request of official bodies which formerly had an exclusive power to initiate such reviews.
- (e) The period in which the parent can appeal to the Ministry of Education against a local education authority’s decision to notify a child as being unsuitable for education in school is extended from 14 to 21 days.
- (f) The local education authority in conveying to parents a decision as to a child’s unsuitability for education at school must inform them of the local health authority’s functions in respect of making arrangements for treatment, care or training and, if known, what arrangements are proposed for the discharging of these functions.

SPEECH THERAPY

Statistics for Year Ended 31st December, 1960

TREATMENT AT CLINICS	*Burnham Market	Caister	Cromer	Diss	Downham Market	East Dereham	Fakenham	Heacham	Hunstanton	King's Lynn	King's Lynn (Gaywood)	Loddon	Methwold	Norwich	Old Ruckham	*Sheringham	*Sidestrand Hall	Stalham	Swaffham	Terrington	Thetford	North Walsham	Upwell	Watton	*Wells	Treatment at Home/School	GRAND TOTAL
Total number of sessions held ...	39	37	49	46	44	61	45	39	45	107	43	43	41	210	40	38	36	40	35	39	45	35	34	45	40	—	1276
Total No. of cases:—																											
Treated during the year ...	4	10	14	13	10	25	11	3	10	22	12	4	3	69	8	11	13	6	3	5	5	19	4	7	4	60	355
Commenced treatment during year ...	4	2	7	—	2	9	4	1	4	10	5	2	1	20	4	11	13	2	1	—	2	8	—	5	4	27	148
Discharged ...	1	1	5	2	5	1	2	—	1	4	2	2	2	9	2	4	—	—	—	2	1	2	2	—	2	10	62
Transferred to other clinics or home visits ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	3	6
Analysis of all cases treated during year:—																											
1. Stammering ...	—	1	2	4	1	4	2	—	3	9	1	1	1	10	2	5	2	—	1	2	2	3	1	—	2	1	60
2. Defects of articulation:—																											
(a) Dyslalia ...	1	6	6	5	—	19	7	—	1	—	1	2	1	30	4	2	—	3	2	—	1	11	—	5	—	28	135
(b) Sigmatism ...	—	—	1	—	—	—	—	—	—	—	1	—	—	7	1	2	—	—	—	—	—	—	—	—	—	3	15
(c) Rhinolalia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
due to (i) Cleft Palate ...	—	—	—	1	2	—	1	—	1	1	—	—	—	7	—	—	—	—	—	1	—	1	—	1	—	5	21
(ii) Nasal obstruction ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
(iii) Other causes ...	—	—	1	—	1	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	1	—	1	6
(d) Dysarthria ...	—	—	1	1	1	—	1	—	—	—	2	—	1	3	—	—	—	—	—	—	—	—	—	—	1	4	15
3. Aphasia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	—	—	—	—	—	—	—	4
4. Defective speech due to:—																											
(i) Subnormal mentality ...	—	3	1	—	2	—	—	1	2	1	1	—	—	1	—	—	11	—	—	—	1	3	1	—	—	7	35
(ii) Deafness ...	1	—	—	2	—	1	—	2	1	1	2	1	—	1	1	2	—	2	—	—	—	—	2	—	1	2	22
5. Retarded speech development ...	2	—	1	—	3	1	—	—	2	10	4	—	—	2	—	—	—	—	—	2	—	—	—	—	—	8	35
6. Dysphonia ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
7. Multiple defects ...	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	1	—	—	—	1	5
Analysis of cases discharged:—																										Total	355
No. of children discharged during year who:—																											
1. Achieved normal speech ...	1	—	4	2	1	—	1	—	1	3	1	1	2	2	1	1	—	—	—	2	—	1	—	—	2	6	32
2. Were greatly improved ...	—	1	—	—	3	1	—	—	—	1	1	1	—	2	1	1	—	—	—	—	1	1	2	—	—	2	18
3. Showed some improvement ...	—	—	—	—	—	1	—	—	—	—	1	—	—	4	1	1	—	—	—	—	—	—	—	1	—	5	14
4. Showed little or no improvement...	—	—	1	—	1	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	4
No. of cases discharged during year:—																										Total	68
(a) No further treatment required ...	1	1	4	2	4	—	1	—	1	4	1	2	2	2	2	1	—	—	—	2	1	1	—	—	2	7	41
(b) Non co-operation of parents ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	2
(c) Left district ...	—	—	1	—	—	1	1	—	—	—	—	—	—	2	—	—	—	—	—	—	—	1	—	—	—	—	6
(d) Left school (over age) ...	—	—	—	—	1	—	—	—	—	—	—	—	—	2	—	3	—	—	—	—	—	—	2	—	—	1	9
(e) Unsuitable for speech therapy ...	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	2	4
(f) Transferred to other clinics ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	1	—	3	6
Total																											68

*Clinic commenced January, 1960.

PUPILS SUFFERING FROM DISABILITY OF THE MIND.

Details of the numbers of children reported under Section 57 of the Education Act, 1944, are given below:—

		Male.	Female.	Totals.
Period 1st January to 31st October.	No. of children found incapable of receiving education in school	11	10	21
	No of children found to require supervision on leaving school	23	16	39
Period from 1st November to 31st December.	Reported for care and guidance on leaving school ...	1	2	3
		—	—	—
		35	28	63
		—	—	—

The Education Act, 1944, provides a statutory right for parents to appeal to the Ministry of Education against a decision to notify their children as being incapable of receiving education in school. Two parents exercised this right and both cases were still under consideration at the end of the year.

HEART CLINICS.

The arrangements whereby Dr. W. A. Oliver holds special heart clinics for Norfolk school children at the Jenny Lind Hospital continued during the year and, at the 25 sessions held, 101 examinations were carried out. Older children are seen by him at an additional heart clinic held at the Norfolk and Norwich Hospital and, during the year, 49 examinations were made.

Any modification of the school curriculum or restriction of activity recommended by the heart specialist is communicated both to the parent and head teacher of the school concerned.

VII. INFECTIOUS DISEASES.

The table below gives the number of schools closed on account of infectious illnesses, together with the number of days when the schools were closed:—

Disease	No. of closures		No. of school days closed	
	1960	1959	1960	1959
Influenzal coughs and colds	4	9	14	37½
Mumps and whooping cough	3	—	10	—
Sonne dysentery	3	—	18	—
TOTALS	10	9	42	37½

VIII. VACCINATION AGAINST SMALLPOX.

125 children between the ages of 5 and 14 were vaccinated and 107 were re-vaccinated during the year.

IX. DIPHTHERIA IMMUNISATION.

No case of diphtheria occurred among school children in this county during 1960.

The following table shows the number of children between the ages of 5 and 15 given primary and "booster" injections during the past 5 years.

				Primary.	Booster.	Total.
1956	...	...	...	1,051	4,613	5,664
1957	...	...	...	665	3,012	3,677
1958	...	...	...	173	920	1,093
1959	...	..	...	696	2,865	3,561
1960	...	...	...	2,227	9,230	11,457
				<hr/> 4,812	<hr/> 20,640	<hr/> 25,452

For some time, the demands of the poliomyelitis vaccination campaign have made it difficult for medical staff to give adequate attention to diphtheria immunisation. During 1960, however, with the major demands of poliomyelitis vaccination having been met, increased efforts were made to restore the position with regard to diphtheria immunisation, as the much improved figures for the year indicate.

Approximately 47% of the school population can now be considered to be fully protected, compared with approximately 36% at the end of 1959. This is a noticeable improvement in the immunity index for the disease. Nevertheless, the position is still far from being satisfactory, and further efforts will be made during 1961 to increase the proportion of children protected.

X. VACCINATION AGAINST POLIOMYELITIS.

No changes affecting children of school age were made in the poliomyelitis vaccination scheme during the year. At the end of the year, 55,566 (94.6%) of the school population between the ages of 5 and 15 had received their full course of three injections; 332 had received two injections; 119 had had the first injection and 97 had registered but not been given any injections. The percentage of children who have completed the full course is very good indeed.

XI. VACCINATION AGAINST TETANUS.

This comparatively rare disease may attack persons of any age and protection can be provided by inoculation. Primary protection is obtained by a course of three injections and single injections should subsequently be given at not more than five-yearly intervals to maintain this protection. For some years past, combined antigens have enabled primary immunisation against tetanus to be given with that for diphtheria. The greater proportion of school children at the present time, however, have not been so protected, and consequently the full course of injections has to be given, using the single tetanus antigen. 10,288 children of school age were given primary immunisation, and a further 587 were given booster injections, during the year.

XII. PREVENTION OF TUBERCULOSIS—B.C.G. VACCINATION.

This scheme has been continued and, with parental consent, 4,795 children were skin tested; 3,916 were found to be suitable for vaccination and 3,862 had been vaccinated by the end of the year.

XIII. SANITARY CIRCUMSTANCES AT SCHOOLS.

At eight schools investigations were made concerning the provision of mains water and at a further four schools inquiries and discussions with local authority officers resulted in recommendations being made to overcome difficulties connected with lack of water and water pressure. Improvements in drainage and sewage disposal arrangements were obtained at 16 schools and recommendations concerning heating, lighting, ventilation, washing and closet accommodation were made to the Chief Education Officer in respect of 11 schools.

A number of representations for improvements in school sanitary conditions were made during the year by district medical officers of health.

In my last annual report I referred to the lack of adequate sanitary facilities at many of the schools in the county, and whilst progress is being made it is slow and is restricted in the main by insufficient capital being made available to the education authority for improvements in these matters. In a few cases the provision of mains water and sewerage has encouraged additions to and improvements in sanitary facilities.

XIV. SCHOOL MEALS SERVICE.

The increase in the number of school visits for food inspection purposes has continued and 557 such visits were made during the year. Appropriate action was taken where foodstuffs were found to be unfit for human consumption and liaison with the appropriate local authorities has continued. The co-operation from head teachers and others connected with the service has continued to be excellent, and Food Hygiene talks to canteen personnel have proved beneficial.

XV. MILK IN SCHOOLS SCHEME.

The sampling of school milk continued throughout the year and the results of the sample examinations are shown in the following table:—

Test.	No. of examinations.	Satisfactory.	Unsatisfactory.
Methylene blue (pasteurised milk)	412	404	8
Phosphatase (pasteurised milk) ...	412	409	3
Total	824	813	11

A number of improvements in the milk storage arrangements at schools have been secured as the result of observations made at the time of sampling and generally the head teachers are giving their co-operation in the matter of rinsing the milk bottles before their return to the dairies.

359 samples of school milk were submitted to the Weights and Measures Department for examination by the Gerber Test. This is an increase of 79 over the number of samples submitted in the previous year. 19 of the samples were found to be unsatisfactory, necessitating follow-up action.

XVI. REMAND HOME.

No change has been made in the general arrangements for the medical supervision of the Bramerton Remand Home. The number of examinations on admission and discharge totalled 504. In addition, 100 special examinations were made by the consultant psychiatrist and 4 special examinations by a consultant gynæcologist.

XVII. CHILDREN'S HOMES.

The five Children's Homes and one Residential Nursery continued to be kept under medical supervision and reports were also periodically received from assistant county medical officers on the hygienic condition of the premises. Where possible, children needing dental treatment were treated at the Committee's dental clinics.

XVIII. MISCELLANEOUS.

Holiday Camps for Handicapped Children.

Two physically handicapped children were sent to camps arranged by voluntary bodies at the expense of the Education Committee.

Medical Examinations.

The following examinations were made by the medical staff of the health department:—

209 examinations of candidates for teachers' training colleges and entrants to the teaching profession, under the terms of Ministry of Education Circulars 248 and 249.

134 examinations of entrants to the school canteen service, other than those covered by the Local Government Superannuation Acts.

SCHOOL HEALTH SERVICE

LIST OF CLINICS

as at 31st December, 1960

Name and address of clinic	Type of treatment provided	Frequency of session
ACLE Secondary Modern School	Dental	Four sessions weekly.
AYLSHAM Secondary Modern School	Dental	Five sessions weekly.
OLD BUCKENHAM C.P. School	Speech therapy	One session weekly.
BURNHAM MARKET C.P. School	Speech therapy	One session weekly.
CAISTER Parish Hall	Speech therapy	One session weekly.
COSTESSEY C.P. School	Dental	Two sessions weekly.
CROMER Local Health Office, Norwich Road ..	Child Guidance Dental Speech therapy	One session monthly. Two sessions weekly. One session weekly.
EAST DEREHAM Local Health Office, High Street ...	Dental Speech therapy	Four sessions weekly. Two sessions weekly.
DISS Secondary Modern School	Dental Speech therapy	Six sessions weekly. One session weekly.
DOWNHAM MARKET Local Health Office, 48, Howdale Road	Dental Speech therapy	Four sessions weekly. One session weekly.
FAKENHAM C.P. School	Dental Speech therapy	Two sessions weekly. One session weekly.
FRAMINGHAM EARL Secondary Modern School	Dental	Four sessions weekly.
HEACHAM Jubilee Clinic	Dental Speech therapy	Two sessions weekly. One session weekly.
HELLESDON C.P. Infants' School, Kinsale Avenue ...	Dental	Four sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
HOVETON Secondary Modern School	Dental	Three sessions weekly.
NEW HUNSTANTON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
KING'S LYNN Local Health Office, 15, Nelson Street ...	Child Guidance Minor ailments Speech therapy	Two sessions monthly. Three sessions weekly. Three sessions weekly.
Secondary Modern School Queen Mary Road, Gaywood ...	Dental Speech therapy	Five sessions weekly. One session weekly.
LODDON Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
LONG STRATTON Secondary Modern School	Dental	Five sessions weekly.
METHWOLD Secondary Modern School	Speech therapy	One session weekly.
NORWICH Local Health Office Aspland Road ...	Child Guidance Dental Speech therapy	One session weekly. Four sessions weekly. Five sessions weekly.
SHERINGHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
SPROWSTON Secondary Modern School	Dental	Four sessions weekly.
STALHAM Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
SWAFFHAM Secondary Modern School	Dental Speech therapy	Three sessions weekly. One session weekly.
TERRINGTON C.P. Junior School ...	Dental Speech therapy	Two sessions weekly. One session weekly.
THETFORD Local Health Office, Tanner Street ...	Dental Speech therapy	Eleven sessions weekly. One session weekly.
THORPE C.P. School, Hillside Avenue ...	Dental	Four sessions weekly.

Name and address of clinic	Type of treatment provided	Frequency of session
UPWELL Secondary Modern School	Speech therapy	One session weekly.
NORTH WALSHAM Secondary Modern School	Dental Speech therapy	Four sessions weekly. One session weekly.
WATTON County Secondary School	Dental Speech therapy	Two sessions weekly. One session weekly.
WELLS-NEXT-SEA Secondary Modern School	Dental Speech therapy	Two sessions weekly. One session weekly.
WYMONDHAM Secondary Modern School	Dental	Ten sessions weekly.

Medical Inspection and Treatment

RETURN FOR THE YEAR ENDED 31st DECEMBER, 1960

PART I—MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups inspected (By year of birth)	Number of pupils inspected.	Physical Condition of Pupils Inspected			
		SATISFACTORY		UNSATISFACTORY	
		No.	% of Col. (2)	No.	% of Col. (2)
(1)	(2)	(3)	(4)	(5)	(6)
1956 and later	332	331	99.70	1	0.30
1955	2,297	2,284	99.44	13	0.56
1954	2,119	2,096	98.91	23	1.09
1953	531	520	97.93	11	2.07
1952	215	212	98.60	3	1.40
1951	164	163	99.39	1	0.61
1950	2,306	2,269	98.39	37	1.61
1949	2,411	2,383	98.84	28	1.16
1948	522	519	99.42	3	0.58
1947	588	583	99.15	5	0.85
1946	1,595	1,595	100.00	—	0.00
1945 and earlier	2,888	2,887	99.97	1	0.03
Totals ...	15,968	15,842	99.21	126	0.79

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

Age groups inspected (By year of birth)	For defective vision (excluding squint)	For any of the other conditions recorded in Part II	Total individual pupils
(1)	(2)	(3)	(4)
1956 and later	3	22	25
1955	33	154	176
1954	42	144	174
1953	25	54	70
1952	17	23	38
1951	11	10	20
1950	149	149	276
1949	164	140	289
1948	51	57	97
1947	47	71	112
1946	125	86	196
1945 and earlier	309	139	423
Totals ...	976	1,049	1,896

TABLE C—OTHER INSPECTIONS.

NOTES:—A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of special inspections ...	...	...	1,334
Number of re-inspections ...	...	...	9,699
		Total ...	<u>11,033</u>

TABLE D—INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons ...	...	44,840
(b)	Total number of individual pupils found to be infested ...	...	215
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) ...	...	—
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) ...	...	—

PART II—DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR.

TABLE A—PERIODIC INSPECTIONS.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS							
		Entrants		Leavers		Others		Total	
		(T) (3)	(O) (4)	(T) (5)	(O) (6)	(T) (7)	(O) (8)	(T) (9)	(O) (10)
(1)	(2)								
4.	Skin	33	144	39	69	54	134	126	347
5.	Eyes—								
	(a) Vision ...	122	249	893	149	461	338	976	736
	(b) Squint ...	71	68	7	6	28	40	106	114
	(c) Other ...	7	25	6	21	5	29	18	75
6.	Ears—								
	(a) Hearing...	16	65	7	10	10	55	33	130
	(b) Otitis Media	14	92	2	16	7	53	23	161
	(c) Other ...	1	37	1	7	4	26	6	70
7.	Nose and Throat	88	689	13	72	35	356	136	1117
8.	Speech	36	149	7	5	33	53	76	207
9.	Lymphatic Glands	1	267	2	17	3	102	6	386
10.	Heart	14	46	10	27	11	49	35	122
11.	Lungs	15	202	9	44	50	109	74	355
12.	Developmental—								
	(a) Hernia ...	8	28	4	2	5	18	17	48
	(b) Other ...	4	203	5	16	37	225	46	444
13.	Orthopaedic —								
	(a) Posture ...	3	47	4	35	8	76	15	158
	(b) Feet ...	42	121	7	30	20	89	69	240
	(c) Other ...	57	320	28	161	68	282	153	763
14.	Nervous system—								
	(a) Epilepsy ...	2	7	1	9	5	16	8	32
	(b) Other ...	2	41	1	7	4	41	7	89
15.	Psychological—								
	(a) Development	2	63	3	19	122	95	127	177
	(b) Stability ...	4	109	17	21	27	119	48	249
16.	Abdomen	1	47	1	7	1	39	3	93
17.	Other	9	107	6	29	15	128	30	264
	Totals	552	3126	573	779	1013	2472	2138	6377

TABLE B—SPECIAL INSPECTIONS.

Defect Code No.	Defect or Disease.	SPECIAL INSPECTIONS.	
		Pupils Requiring Treatment.	Pupils Requiring Observation.
(1)	(2)	(3)	(4)
4	Skin	21	36
5	Eyes—		
	(a) Vision	378	147
	(b) Squint	9	14
	(c) Other	7	11
6	Ears—		
	(a) Hearing	13	32
	(b) Otitis Media	—	17
	(c) Other	3	7
7	Nose and Throat... ..	63	106
8	Speech	34	27
9	Lymphatic Glands	6	31
10	Heart	6	9
11	Lungs	12	34
12	Developmental—		
	(a) Hernia	5	2
	(b) Other	28	19
13	Orthopædic—		
	(a) Posture	4	15
	(b) Feet	9	13
	(c) Other	39	46
14	Nervous System—		
	(a) Epilepsy	4	5
	(b) Other	2	13
15	Psychological—		
	(a) Development	41	32
	(b) Stability	16	32
16	Abdomen	4	15
17	Other	11	32
	Totals	715	695

PART III—TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with.
External and other, excluding errors of refraction and squint	16
Errors of refraction (including squint)	2,045
Total	2,061
Number of pupils for whom spectacles were prescribed	1,184

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been dealt with.
Received operative treatment :—	
(a) for diseases of the ear	†
(b) for adenoids and chronic tonsillitis	†
(c) for other nose and throat conditions	†
Received other forms of treatment ...	2
Total	2
Total number of pupils in schools who are known to have been provided with hearing aids :—	
(a) in 1960	3
(b) in previous years	14

† Figures not available.

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated.
(a) Pupils treated at clinics or out-patients departments	†
(b) Pupils treated at school for postural defects	†
Total	†

† Figures not available.

TABLE D—DISEASES OF THE SKIN
(excluding uncleanness, for which see Table D of Part I).

	Number of cases known to have been treated.
Ringworm—(a) Scalp	—
(b) Body	—
Scabies	—
Impetigo	3
Other skin diseases	13
Total	16

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated.
Pupils treated at child guidance clinics	*192

*Including 2 children seen at other Authorities' clinics.

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated.
Pupils treated by speech therapist ...	354

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with.
(a) Pupils with minor ailments ...	260
(b) Pupils who received convalescent treatment under School Health Service arrangements	—
(c) Pupils who received B.C.G. vacci- nation	3,862
(d) Other	—
TOTAL (a) – (d) ...	4,122

